

Document Modification Request

Print or Type All Information (Except Signatures). Process procedures in accordance with 1-A01-FROC DEV-400, Procedure Process

25 DMR. No.

96-DMR-AMES-0119

1. Name/Phone/Page/Location Greg DiGregorio			2. Date Nov 13, 1996
3. Existing Document Number/Revision ER Administrative Procedures			4. Document Type <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Plan <input type="checkbox"/> Other
5. Document Title ER Administrative Procedures			
6. Item	7. Page	8. Step	9. Proposed Modifications
1			Transfer the following Procedures to RMRS Document Control ADM-17.01, Rev.0 - Records Capture and Transmittal ADM-17.02, Rev.1 - Administrative Record Document Identification and Transmittal ADM-17.09, Rev.0 - Records Identification, Preliminary Preparation, and Creation ADM-6.01, Rev. 1 - Document Control
10a. Justification (Reason for Modification, EJO#, TP#, etc.)			
1	These Procedures are to be utilized company wide.		

11. <input checked="" type="checkbox"/> Process (print/sign/date) <i>Greg DiGregorio 11-13-96</i> <input type="checkbox"/> Do not Process (state reason in block 10a)	
12. <input checked="" type="checkbox"/> Process (Complete Blocks 13-22) (print/sign/date) <input type="checkbox"/> Do not Process (state reason in block 10a)	
13. New Document/ Rev. No. (if new or changed) n/a	
Complete either Section 14a. or 14b., as applicable 14a. Type of Complete Modification <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> One-Time-Use <input checked="" type="checkbox"/> Cancellation <i>as ER Proc.</i>	For procedures, attach completed Procedure Modification worksheet from 1-A01-PROC DEV-400. 14b. Changes: (check all that apply.) <input type="checkbox"/> Intent Change <input checked="" type="checkbox"/> Nonintent Change <input type="checkbox"/> Editorial Correction <input type="checkbox"/> Regular <input type="checkbox"/> Interim Approval Requested - Needed for immediate Use (14 day limit for obtaining final approval)
Additional Attributes <input type="checkbox"/> Temporary <input type="checkbox"/> One-Time-Use <input type="checkbox"/> Limited Distribution	
15. ERM Change Control Board Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Applicable only to new procedures, revisions, or intent changes.)	
List the reviewing disciplines in Block 16. After concurrence has been obtained (in accordance with 1-A01-PROC DEV-400), enter the name of the reviewer followed by / s/ in block 17. If the reviewer indicates No Comments, the review signature constitutes concurrence. Enter the date concurrence is obtained in block 18.	
16. Organization	17. Reviewer/Concurrence
QA	Greg DiGregorio <i>Greg DiGregorio</i> 11-13-96
16a. Organization	17a. Reviewer/Concurrence
18. Date	18a. Date
19. Assigned SME/Phone/Page/Location Greg DiGregorio/5688/1732/T893B	20. Cost Center 1392
21. Charge Number CB03400	22. Requested Completion Date Nov 26, 1996
23. Prescreen/Screen/USDQ Number NA	24. Independent Safety Review Meeting and Date NA
25. After obtaining ALL required signatures: Responsible Manager's Approval (print/sign/date) (Not Required for New procedures or Revisions) <i>McBroussard 11-13-96</i>	
27. Effective Date 12-6-96	
28. Expiration Date (if applicable) N/A	